

STATE OF MARYLAND

IN-SERVICE TRAINING PROPOSAL

Tracking Number: _____

Agency _____

DOP

1. Sponsoring Agency and Address

☐ New Request

☐ Change to Previous Request

2. Co-Sponsor (If Any)

3. Course Title: _____

4. Course Purpose and Instructional Objectives: (Please attach a copy)

5. Course Outline and Schedule: (Please attach a copy)

6. Proposed Provider: _____ In-House _____ Vendor

Name: _____

7. Number of Offerings This Fiscal Year: _____

8. Length of Course: _____

9. Program Date (Or date of first offering): _____

10. Location(s): _____

11. Estimated Attendance _____ per session _____ per year

12. Total Estimated Cost: \$_____ Cost per Attendee: \$_____

13. Please check if this Program is:

_____ Legislatively Mandated

_____ Fully Federally Funded

_____ Designated as a demonstration project by the Secretary, DOP

Submitted by (Name, Title): _____

Date of Request: _____ Telephone #: _____ Fax #: _____

DOP ACTION:

_____ Approve _____ Disapprove _____ Returned For _____

Authorization Signature: _____ Date: _____

Comments: